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CERTIFICATE OF NEED PROGRAM  
DEPARTMENT OF HEALTH

## Fresenius Medical Care

January 30, 2007

Ms. Janis Sigman, Manager  
Certificate of Need Program  
Department of Health  
P.O. Box 47852  
Olympia, WA 98504-7852

Dear Ms. Sigman:

In accordance with WAC 246-310-080, Inland Northwest-Renal Care Group of the Northwest (IN-RCG) hereby submits a letter of intent regarding its proposal to expand its existing dialysis center, Moses Lake Dialysis Unit by up to four stations. In conformance with the requirements of WAC, the following information is provided:

1. A Description of the Extent of Services Proposed:

FMC proposes to expand its Moses Lake Dialysis Unit by up to four stations. Upon project completion, the Moses Lake Dialysis Unit will have no more than 22 stations.

2. Estimated Cost of the Proposed Project:

The capital expenditure associated with this project is not expected to exceed \$50,000.

3. Description of the Service Area:

The primary service area is Grant County as well as portions of Lincoln County.

Thank you for your support in this matter.

Sincerely,



Jean Stevens, Regional Vice President  
Fresenius Medical Care